

# MARYLAND OFFICE OF HOME ENERGY PROGRAMS

## WAGE VERIFICATION



**Instructions:** If sufficient pay stubs as required by OHEP are not available, this form must be completed and signed by the Employer. The Applicant and Employee must sign at the bottom.

EMPLOYER NAME & ADDRESS:

EMPLOYEE NAME:
Client ID #: Local agency will provide

Dear Employer:

We are requesting verification of wages for the above-named employee. Authorization for the release of this information appears below. Please complete the section(s) that applies. Thank you for your cooperation.

\_\_\_\_\_  
Intake Worker & Telephone #

Current wages: Please list each paycheck received in the month listed.

Month:			Month:		
Period Ending	Gross Pay	Date Received	Period Ending	Gross Pay	Date Received
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	

<b>II. New Employee</b> First day of work Date first pay received GROSS pay, first check \$	<b>III. Terminated Employee</b> Last day of work Date final pay received Final GROSS pay \$ Total GROSS this month \$
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Signature of Employer:

\_\_\_\_\_  
Signature Title Date Telephone

I hereby authorize the above-named employer to release to the Office of Home Energy Programs (OHEP) information regarding my employment and wages.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Applicant (If other than employee) Date